



HIV/AIDS & African Americans

The Global Pandemic: Sub-Saharan Africa Bears the Greatest Burden

- AIDS is a global pandemic that is impacting the developing world and people of color most dramatically. Worldwide there were 33.4 million persons estimated to be living with HIV/AIDS as of the end of 1998 of which 95% resided in developing countries.
- Moreover, 95% of the deaths due to AIDS have been experienced by developing countries.
- While only one tenth of the world's population lives in Sub-Saharan Africa, it is the region of the world hardest hit by HIV/AIDS, accounting for 22.5 of the persons living with HIV/AIDS by the end of 1998.
- Sub-Saharan Africa accounts for 70% of the total number of people who became infected in 1998 and for four-fifths of all AIDS deaths that occurred in 1998.
- Since the beginning of the epidemic an estimated 47.3 million people worldwide have been infected with HIV — 34 million of those were from Sub-Saharan Africa.
- Of the estimated 13.9 million deaths due to AIDS worldwide, an estimated 11.5 million have been among people in Sub-Saharan Africa and 25% of those deaths have been among children.
- AIDS is now the leading cause of death in Africa. In 1998 alone, two million people died of AIDS in Sub-Saharan Africa.¹

Adults and Children Estimated To Be Living With HIV/AIDS As Of End 1998 ²



¹ UNAIDS, "AIDS Epidemic Update: December 1998", Joint United Nations Program on HIV/AIDS, December 1998, pp.3-4.

² UNAIDS, "The UNAIDS Report, A Joint Response to AIDS in Action", UNAIDS/99.29E (English original, June 1999), pp.16-17.

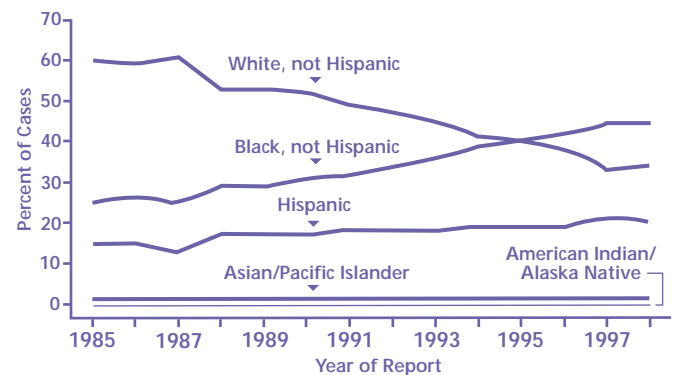
Disparities in Health among Ethnic and Racial Minorities Persist

- Despite the fact that the health of the United States population has improved significantly over the last 50 years, ethnic and racial minority groups still continue to lag behind the white population, experiencing substantial disparities in health outcomes on many significant indicators.
- The health disparities experienced by ethnic and racial minority groups are particularly evident in the case of HIV and AIDS in the United States. Ethnic and racial minority groups in the U.S. make up 24% of the U.S. population yet they represent 67% of the new AIDS cases.³

HIV/AIDS Is Devastating African Americans in the United States

- The impact of the AIDS epidemic among African Americans in the United States (U.S.) has been devastating. While African Americans represent 12% of the total U.S. population, they account for 37% of the cumulative AIDS cases and 45% of the new AIDS cases reported in 1998.
- Through December 1998, the Centers for Disease Control and Prevention (CDC) reported 688,200 cumulative AIDS cases in the United States, its dependencies, possessions and associated nations. Of that total, African Americans accounted for 251,408 cases (37%) of the total AIDS cases reported through 1998.⁴
- In the same year a total of 48,266 new AIDS cases were reported in the U.S. African Americans accounted for 21,752 (45%) of these new AIDS cases.
- African American men made up 40% of the new AIDS cases among males, African American women represented 62% of the new AIDS cases reported among females and African American children made up 62% of the new AIDS cases among children reported in the U.S. in 1998.

Proportion of AIDS Cases, by Race/Ethnicity and Year of Report, 1985-1998, United States



- CDC estimates that 240,000-325,000 African Americans — about 1 in 50 African American men and 1 in 160 African American women — are infected with HIV.⁵

AIDS Cases per 100,000 Population

- African Americans have the highest AIDS case rate per 100,000 population of all ethnic/racial groups — 66.4 per 100,000 population compared with 8.2 for whites.
- Among African American adults and adolescents the AIDS case rate is 84.7 per 100,000 population — approximately 8.5 times the rate among whites (9.9) in 1998.
- African American males have an AIDS case rate of 125.2, over seven times the rate for white males who have a rate of 17.8 per 100,000 population.
- African American females have an AIDS case rate of 49.8, over 20 times the rate for white females who have a rate of 2.4 per 100,000 population.
- The AIDS case rate among African American children less than 13 years of age was 3.2 or 16 times the rate for white children (0.2) in the same year.⁶

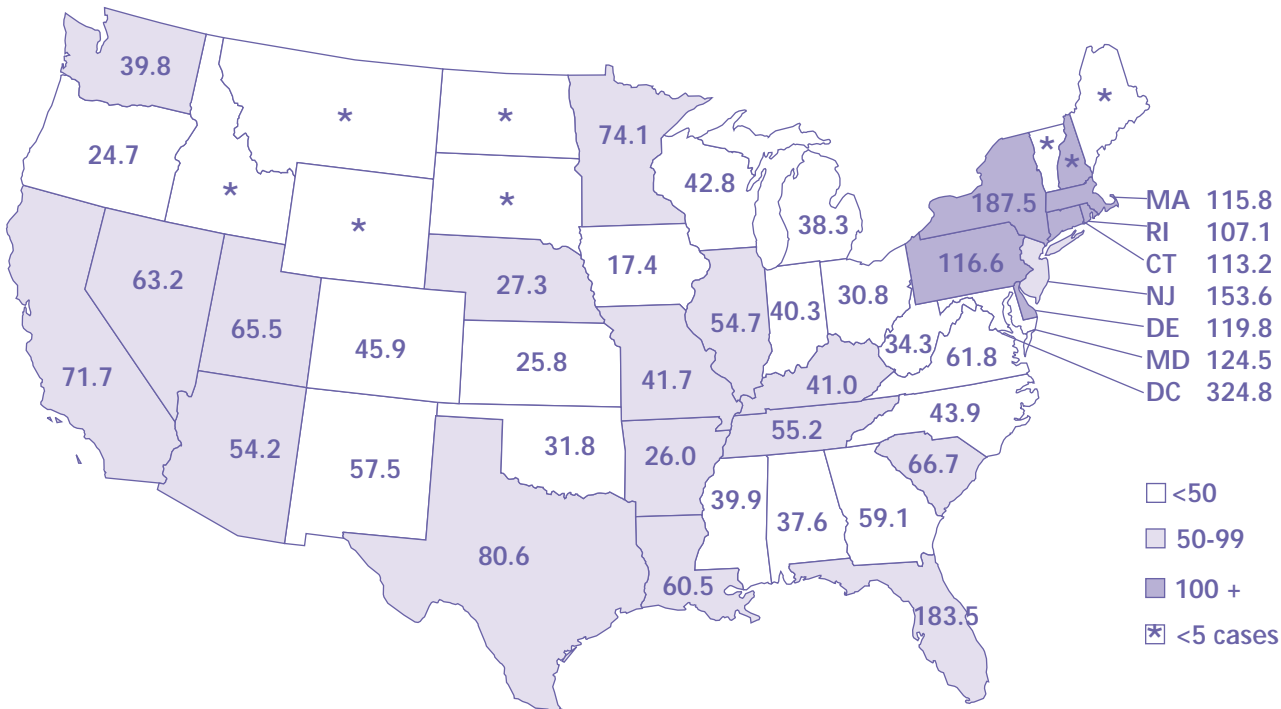
³ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998.

⁴ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998.

⁵ Centers for Disease Control and Prevention, "HIV/AIDS Among African Americans" Fact Sheet, August 1999, p. 1.

⁶ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998.

AIDS Rates per 100,000 Black Population Reported in 1998



- The rate of AIDS cases per 100,000 African American population, reported by the CDC in 1998 is highest in the Mid-Atlantic, Northeast and Southeast regions of the country.
- Washington, DC leads the nation with a rate of 324.8 per 100,000 African American population, followed by New York (187.5), Florida (183.5), New Jersey (153.6), Maryland (124.5), Delaware (119.8), Pennsylvania (116.6), Massachusetts (115.8), Connecticut (113.2), and Rhode Island (107.1). Texas has an AIDS case rate of 80.6 per 100,000 African Americans and California has a rate of 71.7.⁷
- Through December 1998, 141,607 deaths due to AIDS were reported among African Americans accounting for 34% of the total U.S. AIDS deaths and 56% of the 251,408 cumulative cases of AIDS reported among African Americans.
- Despite the advances in AIDS drug therapies that have led to dramatic drops in AIDS deaths since 1996, ethnic and racial minorities continue to lag behind whites. Between 1996 and 1997 the deaths due to AIDS dropped 45% overall compared to 38% for African Americans, 44% for Latinos and 54% for whites.⁸

AIDS Mortality

- The CDC reported a cumulative total of 410,800 deaths due to AIDS through December 1998 — approximately 60% of the total persons diagnosed with AIDS since the beginning of the epidemic.

⁷ Centers for Disease Control and Prevention "HIV/AIDS Surveillance by Race/Ethnicity" L238 slide series through 1998, slide 9 of 12.

⁸ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998

- The latest trends indicate that the AIDS mortality rate is still declining but far more slowly. African Americans accounted for 49% of AIDS deaths and are experiencing less dramatic declines in AIDS deaths than whites. Among African Americans, deaths fell 17% in 1998, compared to 35% in the previous year. Among whites, AIDS deaths fell by 22% in 1998 and 51% in 1997.

Gender

- African American males make up 75% of the cumulative AIDS cases reported among adolescent/adult African Americans, while females make up 25% of the cases.
- Males made up 69% and females made up 31% of the new adult/adolescent AIDS cases reported among African Americans in 1998.
- Among African American males the leading exposure category for AIDS is men who have sex with men (38% of the cumulative cases and 31% of the new AIDS cases reported in 1998).
- Among African American females, injecting drug use (44%) is the leading exposure category for cumulative AIDS cases and heterosexual transmission (36%) is the leading exposure category for new AIDS reported in 1998.

HIV/AIDS among African Americans Males

Cumulative AIDS Cases

- In 1998, a cumulative total of 570,425 cases of AIDS among adolescent/adult males were reported in the U.S. African Americans accounted for 184,599 or 32% of the cumulative total.
- Of the cases among African American men, 38% were attributed to men having sex men, 35% to injection drug use, 8% to sex with men who inject drugs, 7% through heterosexual contact and 12% due to risk not reported/identified.

- Of the cases of heterosexual contact, 35% were infections due to sex with an injecting drug using female and 63% were due to having sex with an HIV+ person whose risk was not reported/identified.

New AIDS Cases

- Of the 36,886 new AIDS cases reported among men in 1998, 40% (14,740) were among African Americans.
- Of these cases, 31% were due to men having sex with other men (MSM), 27% were due to injecting drug use (IDU), 5% were due to MSM and IDU, 10% were due to heterosexual transmission, and 26% of these cases were due to risk not reported/identified.
- Of the heterosexual transmission cases, 25% were due to sex with an injecting drug user, and 75% were due to having sex with an HIV+ person whose risk was not reported/identified.

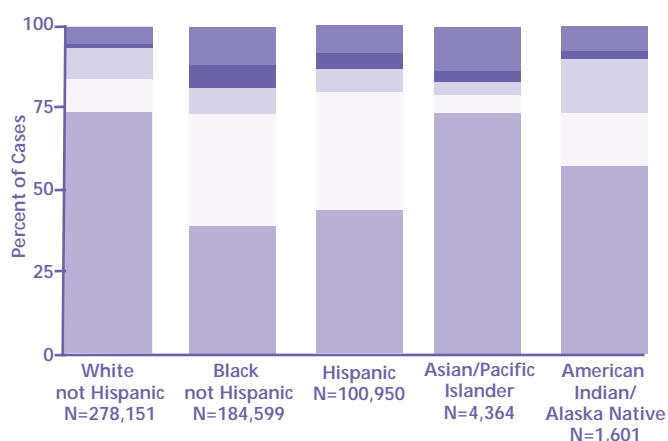
Cumulative HIV Cases

- In 1998, a cumulative total of 76,886 cases of HIV among adolescent/adult males were reported in the U.S. African Americans accounted for 35,992 or 47% of the cumulative total.
- Of the cases among African American men, 31% were attributed to men having sex men, 19% to injection drug use, 5% to sex with men who inject drugs, 10% through heterosexual contact and 34% due to risk not reported/identified.
- Of the cases of heterosexual contact, 22% were infections due to sex with an injecting drug using female and 76% were due to having sex with an HIV+ person whose risk was not reported/identified.

New HIV Cases

- Of the 13,031 new HIV cases reported among men in 1998, 47% (6,346) were among African Americans.
- Of these cases, 25% were due to men having sex with other men (MSM), 11% were due to injecting drug use (IDU), 2% were due to MSM and IDU, and 12% were due to heterosexual transmission. An alarming 50% of the cases were due to risk not identified.
- Of the heterosexual transmission cases, 14% were due to sex with an injecting drug user, and 85% were due to having sex with an HIV+ person whose risk was not reported/identified.⁹
- The Young Men's Survey, conducted in seven cities found young gay African American males (14.1%) to be infected with HIV at a rate nearly 5 times higher than whites (3%) in the study.¹⁰

AIDS Cases in Adult/Adolescent Males, by Exposure Category and Race/Ethnicity, Reported through 1998, United States



*Includes patients with hemophilia or transfusion-related exposures, and those whose medical record review is pending; patients who died, were lost to follow-up, or declined interview; and those with other or undetermined modes of exposure

- Other, not identified*
- Injection drug use (IDU)
- MSM and IDU
- Men who have sex with men (MSM)

- A study conducted by the Michigan Department of Community Health of 1,001 HIV positive African American men in Southeast Michigan found that 36% of African American men who had sex with men also had sex with women.¹¹

HIV/AIDS among African Americans Females

Cumulative AIDS Cases

- As of December 1998 a cumulative total of 109,311 adolescent/adult females have been diagnosed with AIDS in the U.S. African Americans made up 57% (61,874) of the cumulative number of AIDS cases reported among females.
- Of these cases, 44% were due to injecting drug use; 37% were due to heterosexual transmission and 17% were due to risk not reported/identified.
- Of the cases of heterosexual transmission, 40% were related to having sex with an injecting drug user, 5% were due to having sex with a bisexual man and 53% were due to having sex with an HIV+ person whose risk was not reported/identified.

New AIDS Cases

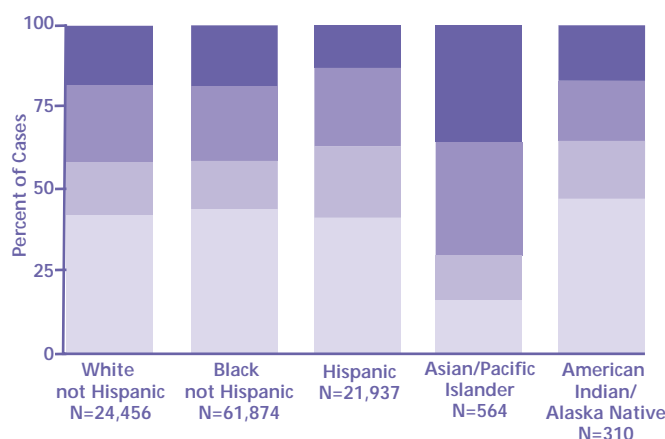
- In 1998, there were a total of 10,998 cases of AIDS reported among adolescent/adult females in the U.S. African Americans made up 62% (6,775) of these cases.
- Approximately 28% of the AIDS cases reported among African Americans females in 1998 were due to injecting drug use, 36% were due to heterosexual contact, and 35% were due to risk not reported/identified.
- Of the cases of heterosexual transmission, 28% were related to having sex with an injecting drug user, 4% were due to having sex with a bisexual man and 68% were due to having sex with an HIV+ person whose risk was not reported/identified.

⁹ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 9 and 10, pp.18-19.

¹⁰ Valleroy, Linda, Abstract on "HIV Incidence Among Young Men who Have Sex with Men in Seven U.S. Metropolitan Areas", presented Monday, August 30, 1999, National HIV Prevention Conference, 1999, Atlanta, GA.

¹¹ Pratt, JoLynn, Abstract #364 "Using Behavioral Data to Target Prevention Activities in the Black Community", presented Monday, August 30, 1999, National HIV Prevention Conference, 1999, Atlanta, GA.

AIDS Cases in Adult/Adolescent Women, by Exposure Category and Race/Ethnicity, Reported through 1998, United States



*Includes patients with hemophilia or transfusion-related exposures, and those whose medical record review is pending; patients who died, were lost to follow-up, or declined interview; and those with other or undetermined modes of exposure

- Other, not identified*
- Sex partner of other men at increased risk
- Sex partner of IDU
- Injection drug use (IDU)

Cumulative HIV Cases

- In 1998, a cumulative total of 27,806 cases of HIV among adolescent/adult females were reported in the U.S. African Americans accounted for 18,778 or 68% of the cumulative total.
- Of the cases among African American females, 20% were attributed to injection drug use, 39% were due to heterosexual contact and 40% were due to risk not reported/identified.
- Of the cases of heterosexual contact, 27% were infections due to sex with an injecting drug user, 7% to sex with a bisexual male and 65% were due to having sex with an HIV+ person whose risk was not reported/identified.

New HIV Cases

- Of the 6,051 new HIV cases reported among women in 1998, 70% (4,230) were among African Americans.
- Of these cases, 9% were due to injecting drug use (IDU), 36% were due to heterosexual transmission, and 54% of the cases were due to risk not reported/identified.
- Of the heterosexual transmission cases, 20% were due to sex with an injecting drug user, 5% to sex with a bisexual male and 74% were due to having sex with an HIV+ person whose risk was not reported/identified.¹²

HIV/AIDS among African American Children

Cumulative AIDS Cases

- As of December 1998 a cumulative total of 8,461 among children less than 13 years of age have been diagnosed with AIDS in the U.S. African Americans made up 58% (4,935) of the cumulative number of AIDS cases reported among children.
- Of these cases, 95% were due to mother to child (perinatal) transmission, 1% were due to hemophilia/coagulation disorder, 2% to receipt of blood transfusion, blood components or tissues and 2% were due to risk not reported/identified.
- Of the cases of mother to child transmission, 39% were related to the mother's injecting drug use, and 15% were due to the mother having sex with an injecting drug user. An additional 1.3% were due to the mother having sex with a bisexual man, 16% were due to the mother having sex with an HIV+ person whose risk was not identified/reported and 28% were due to an HIV+ mother whose risk was not reported/identified.

New AIDS Cases

- In 1998, there were a total of 382 cases of AIDS reported among children less than 13 years of age in the U.S. African Americans made up 62% (237) of these cases.

¹² Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 11 and 12, pp. 20-21.

- Of these cases, 88% were due to mother to child (perinatal) transmission, and 12% were due to risk not reported/identified.
- Of the cases of mother to child transmission, 22% were related to the mother's injecting drug use, and 11% were due to the mother having sex with an injecting drug user. In addition, 28% were due to the mother having sex with an HIV+ person whose risk was not identified/reported, and 36% were due to an HIV+ mother whose risk was not reported/identified.

Cumulative HIV Cases

- In 1998, a cumulative total of 1,875 cases of HIV among children were reported in the U.S. African Americans accounted for 1,182 or 63% of the cumulative total.
- Of the cases among African Americans, 90% were due to mother to child (perinatal) transmission, 2% were due to hemophilia/coagulation disorder, 1% to receipt of blood transfusion, blood components or tissues and 7% were due to risk not reported/identified.
- Of the cases of mother to child transmission, 32% were related to the mother's injecting drug use, and 11% were due to the mother having sex with an injecting drug user. In addition, 22% were due to the mother having sex with an HIV+ person whose risk was not identified/reported, and 33% were due to an HIV+ mother whose risk was not reported/identified.

New HIV Cases

- Of the 309 new HIV cases reported among children in 1998, 68% (211) were among African Americans.
- Of the cases among African Americans, 84% were due to mother to child (perinatal) transmission, 1% were due to hemophilia/coagulation disorder, 0% to receipt of blood transfusion, blood components or tissues and 14% were due to risk not reported/identified.

- Of the cases of mother to child transmission, 16% were related to the mother's injecting drug use, and 6% were due to the mother having sex with an injecting drug user. In addition, 37% were due to the mother having sex with an HIV+ person whose risk was not identified/reported, and 39% were due to an HIV+ mother whose risk was not reported/identified.¹³

Demographics of the African American Population in the United States¹⁴

- Race and ethnicity are not risk factors for HIV infection. However, race and ethnicity in the U.S. are associated with key factors that determine health status such as poverty, access to quality health care, health care seeking behaviors, illicit drug use and high rates of sexually transmitted diseases.
- The African American population in the U.S. is relatively young, has high rates of poverty, sexually transmitted diseases and drug and alcohol abuse, and experiences significant barriers to access to quality health care. These factors all contribute to the spread of HIV/AIDS in this population.
- The data below provide a demographic overview of the African American community and highlight factors that contribute to health disparities and the spread of HIV among African Americans.

Population Growth

- As of 1996 the number of Blacks in the United States was estimated at 33.9 million and constituted 12.8% of the total U.S. population.
- By the year 2010 this population is projected to increase to 40 million and by 2030 to 45.4 million.¹⁵
- Eighty four percent of the growth has been due to natural increase and about 16% to immigration, mostly from the Caribbean and African countries.¹⁶

¹³ Centers for Disease Control and Prevention HIV/AIDS Surveillance Report, Year-end edition, Vol. 10, No. 2, December 1998, Tables 15 and 16, pp. 24-25.

¹⁴ For the section on demographics Blacks will be the term used to describe the population since it is the term used in the Census data.

¹⁵ Collins, Karen, Scott, Hall, Allyson, and Neuhaus, Charlotte, U.S. Minority Health: A Chartbook, The Commonwealth Fund, May 1999, pp. 8.

¹⁶ U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, We the American...Blacks, September 1993, p. 3.

Geographic Distribution

- Nationally 84% of Blacks lived in metropolitan areas in 1990, 57% in central cities and 27% in suburbs outside central cities.
- In 1990, at least 95% of all persons of Blacks, who lived in the regions of the Northeast, Midwest and West, lived in metropolitan areas. By contrast only 72% of those in the South lived in metropolitan areas.
- In 1990, over one half of Blacks lived in the South, 19% lived in the Northeast, 19% lived in the Midwest and 9% lived in the West.
- About 40% of the Black population resided in just 10 consolidated metropolitan statistical areas (CMSAs).
- Seven of these 10 CMSAs were also among the most populous in the country. These CMSAs included New York, NY, Chicago, IL, Los Angeles, CA, Philadelphia, PA, Washington, DC, Detroit, MI, Atlanta, GA, Houston, TX, Baltimore, MD and Miami, FL.
- The ten cities with the largest Black population in 1990 were New York, NY, Chicago, IL, Detroit, MI, Philadelphia, PA, Los Angeles, CA, Houston, TX, Baltimore, MD, Washington, DC, Memphis, TN and New Orleans, LA.

Ten Cities with the Largest Black Population, 1990 (Thousands)

New York, NY	2,103
Chicago, IL	1,088
Detroit, MI	778
Philadelphia, PA	632
Los Angeles, CA	488
Houston, TX	458
Baltimore, MD	436
Washington, DC	400
Memphis, TN	335
New Orleans, LA	308

- Blacks were represented in every State and 16 States had one million or more Blacks in 1990. These states were New York, California, Texas, Florida, Georgia, Illinois, North Carolina, Louisiana, Michigan, Maryland, Virginia, Ohio, Pennsylvania, South Carolina, New Jersey, and Alabama.¹⁷

States with a Black Population of 1 Million or More, 1990 (Thousands)

New York	2,859
California	2,209
Texas	2,022
Florida	1,760
Georgia	1,747
Illinois	1,694
North Carolina	1,456
Louisiana	1,299
Michigan	1,292
Maryland	1,190
Virginia	1,163
Ohio	1,155
Pennsylvania	1,090
South Carolina	1,040
New Jersey	1,037
Alabama	1,021

Age

- The median age of Blacks in the U.S. is 30 years compared to 38 years for whites.
- While one quarter of the U.S. population is below the age of 18, 32% of Blacks are below 18 years of age.
- About 8% of the Black population is over the age of 65, and by 2050 it is expected that 14% will be over 65 years of age.¹⁸

¹⁷ U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, We the American...Blacks, September 1993, pp. 3-5.

¹⁸ Collins, Karen, Scott, Hall, Allyson, and Neuhaus, Charlotte, U.S. Minority Health: A Chartbook, The Commonwealth Fund, May 1999, p. 10.

Family Composition

- In 1996, women maintained 47% of all Black families with no spouse present and men maintained 7% of all Black families with no spouse present. In contrast less than 20% of all white families were single-parent families.
- Less than one half (46%) of all Black families were married couples in 1996.¹⁹

Median Income and Poverty

- Socio-economic status is closely related to health status. In 1997, 27% of Blacks were living below the poverty level compared to 11% of whites.
- The median income for Black households was \$25,050 in 1997, compared to \$40,577 for white households in the same year.²⁰

Educational Attainment

- By 1996, 74% of all Blacks 25 years and over had completed at least high school, compared with 83% of whites.
- A higher proportion of Black females than Black males in both the 25-34 year age group (16% versus 11%) and the 35-44 year age group (18% versus 15%) had earned at least a bachelor's degree. In contrast about 30% of both white males and females in the same age groups had earned a bachelor's degree.²¹

Lack of Health Insurance

- In 1996, 24% of Blacks were uninsured compared to 14% of whites.
- Blacks between the ages of 18 to 64 are less likely to have employer-sponsored, health insurance than whites. In 1996, 52% of Blacks compared to 69% of whites had employer sponsored health coverage.
- Medicaid is an important provider of health care coverage for poor Blacks. In 1996, 42% of poor Blacks had Medicaid coverage compared to 27% of poor whites.²²

Sexually Transmitted Diseases

- Sexually transmitted diseases such as syphilis, gonorrhea, chlamydia and herpes are fueling the sexual spread of HIV infection.
- In 1997, African Americans accounted for approximately 82% of all reported cases of primary and secondary syphilis in the U.S. Despite declines in the rates of primary and secondary syphilis among African Americans, from 1996 to 1997, the 1997 rate of 22 per 100,000 population is 44 times greater than the rate among whites (0.5 per 100,000).
- In 1997, African Americans accounted for 77% of total reported cases of gonorrhea in the U.S. Overall gonorrhea rates for African Americans were 807.9 cases per 100,000 population compared to 26.0 for whites.
- In 1997, African American females ages 15-19 years had a gonorrhea rate of 3,561.3 cases per 100,000 population and African American males in the same age group had a rate of 2,115.4. These rates were about 24 times higher than were those among 15-19 year old white adolescents.²³

Substance Abuse

- The intersection of substance abuse and HIV in African American communities fuels the spread of the epidemic. Over one quarter of the new AIDS cases reported among African American men (27%) and women (28%) were due to injecting drug use in 1998.
- The New York State AIDS Institute conducted a nine-year retrospective review of 87,000 tests administered among people in treatment for all types of drug use and found that African American injection drug users had an HIV prevalence rate of 19% in 1998, close to four times that of whites (5%).²⁴
- The National Institute on Drug Abuse (NIDA) estimates that there are 1.5 million injecting drug users in the country, many of these are multi-drug users. Nationwide, there are only 475,000 drug treatment slots available at any given

¹⁹ Bennett, Claudette, E. and Debarros, Kymberly A., "The Black Population", U.S. Census Bureau, the Official Statistics, September 1998, p. 42.

²⁰ Collins, Karen, Scott, Hall, Allyson, and Neuhaus, Charlotte, U.S. Minority Health: A Chartbook, The

²¹ Commonwealth Fund, May 1999, pp. 12-15. Bennett, Claudette, E., and Debarros, Kymberly A., "The Black Population", U.S. Census Bureau, the Official Statistics, September 1998, p. 42.

²² Collins, Karen, Scott, Hall, Allyson, and Neuhaus, Charlotte, U.S. Minority Health: A Chartbook, The Commonwealth Fund, May 1999, pp. 116-119.

²³ U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance 1997, pp. 51-52.

²⁴ Abstract #325, "Implementing HIV Prevention Programs in Substance Abuse Treatment Facilities as Part of a Comprehensive HIV Service Model", Tuesday August 31, 1999, CDC's National HIV Prevention Conference.

time to address the needs of the estimated 1.5 million active drug users.

Barriers to HIV Prevention and Care Services for African Americans

Prevention

HIV prevention must be a top priority to stop the spread of the epidemic among African Americans. Targeted culturally and linguistically and age appropriate prevention interventions are needed for the diverse sub-populations of African Americans including gay men, youth, women and injection drug users. To make an impact, these interventions must be multi-faceted, sustained over time, and consider the social, economic, cultural, religious and spiritual contexts that impact the lives of the diverse sub-populations of African Americans.

- African Americans continue to be under-represented in the HIV prevention community planning process. In a March 1998 report on the progress of Prevention Community Planning, the CDC indicated that African Americans represent 27% of the total 1,064 members of community planning groups nationwide, yet they account for 45% of the new AIDS cases reported in 1998.
- To achieve true parity inclusion and representation in the prevention community planning process, CDC must take steps to ensure that the number and the meaningful participation of African Americans on these groups be increased significantly.
- According to the CDC, the level of program support currently directed to racial and ethnic minority communities, injecting drug user (IDUs) populations, men who have sex with men (MSM), and HIV infected individuals is substantially less than what the current epidemiological trends indicate is necessary.

- An unreleased analysis of FY 1999 CDC HIV/AIDS budget by race and ethnicity indicates that about 27.2% (\$96 million) of \$353 million is target specifically to African Americans.

- Anecdotal information from African American organizations providing prevention services indicates that African American organizations are under-funded and may not be receiving the level of prevention funding needed to do the job in their local communities

HIV Care

- A variety of factors contribute to the disparities in AIDS incidence and mortality experienced by African Americans. These include late identification of HIV infection; less access to experienced HIV/AIDS physicians, less access to HIV therapy that meets the Public Health Service Guidelines and lack of health insurance to cover HIV care and medications.
- The results of the HIV Cost and Service Utilization Study (HCSUS), a survey of a national sample of HIV infected adults in the United States, concluded that African Americans, Latinos, women, the uninsured and Medicaid insured all had the least favorable patterns of HIV care.
- Women were among the groups that fared worse on most measures of care. The least desirable patterns of care experienced by women were related to race/ethnicity and insurance coverage. Women in the survey were more likely than men to be young, African American, less educated, unemployed, impoverished and under-insured.
- Of all groups in the survey, African Americans had the lowest exposure to combination therapies (PI/NNRTI).²⁵

²⁵ Shapiro, M.E, et al, "Variations in the Care of HIV-Infected Adults in the United States: Results from the HIV Cost and Services Utilization Study" Journal of the American Medical Association, June 23/30, 1999, -Vol.281. No. 24, pp. 2305-2315.

Recommendations

The efforts initiated under the Congressional Black Caucus HIV/AIDS Initiative in FY1999, and the Minority AIDS Initiative in FY2000 should be sustained and expanded to increase HIV/AIDS prevention and care resources specifically targeted to African American populations, communities, indigenous community based organizations and institutions. Funds should be allocated to support the following initiatives.

- A large scale, culturally appropriate, public information and education campaign targeted to African American sub-populations to educate people about the benefits of knowing their HIV status; to promote HIV counseling, and voluntary HIV testing; and to promote voluntary partner counseling, notification and referral services. The campaign should be tailored to these sub-populations by region, age, gender, exposure risk and class. Resources should also be made available to insure that anonymous HIV testing sites are available and accessible. The overall goals of this campaign are to reduce further transmission of HIV/AIDS and to promote early intervention and treatment for those who have already contracted the virus.
- Continue and sustain the national initiative to reduce HIV infection among gay African American men funded by CDC that incorporates the elements of HIV/AIDS risk reduction that have proven effective among gay African American men. Direct funding to African American organizations with a history of service to gay men and emerging, indigenous organizations that are serving African American gay men, should be continued.
- Direct CDC funding to target additional resources to African American community based organizations (CBOs) for HIV prevention services targeted to highly impacted and emerging African American sub-populations including youth, women, injecting drug users and migrant populations.
- Direct funding to strengthen prevention capacity in African American communities, through the CDC's Directly Funded Minority and Other CBOs Program, and the National/Regional Minority Organizations Program.
- Increase funding for the CDC's Faith Initiative. There should also be an infusion of funding for the Communities of Color Initiative with the necessary funds to carry out a targeted and tailored, African American Prevention Initiative.
- CDC and NIH should enhance specific behavioral research to inform the development of interventions for African American women, youth, gay men, bisexual men, and heterosexual men and substance users, including but not limited to injection drug users. This research should be conducted by and for African Americans.
- Increase HRSA funding to develop, and expand the initiatives aimed at training African American health professionals on the state-of-the-art HIV treatment and care.
- Funds provided to HRSA should also be directed towards the development and implementation of a plan to increase the number of African American health professionals who specialize in HIV/AIDS and primary care in medically under-served urban and rural minority communities, and in the migrant and community health centers.
- To provide direct funding from HRSA to African American community-based organizations to develop and implement comprehensive outreach and treatment education programs targeted to African Americans. The overall goal is to increase HIV/AIDS treatment knowledge and the benefits of knowing one's HIV status early, to support individual decision-making on treatment options and support treatment adherence for persons on antiretroviral therapies.

- To provide direct funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to African American community based programs to provide intensive outreach, education and HIV counseling and voluntary testing, and direct linkage to care for African American injecting drug users.
- To provide funding from SAMHSA to increase the availability of drug treatment slots for African Americans in high incidence areas where substance abuse treatment is in high demand and low supply, with particular emphasis on expanding programs for women, gay men and youth. Funding to expand services for women should support programs that provide comprehensive, culturally competent, woman-focused substance abuse treatment (for women and their children), and that integrate HIV prevention and primary HIV health care into drug prevention and treatment services.

*Written by Miguelina Maldonado,
Director of Government Relations and Policy,
National Minority AIDS Council, October 1999*

 NATIONAL MINORITY AIDS COUNCIL

1931 13th St., NW
Washington, DC 20009

www.nmac.org